

CLAIMS ONLY						Application Number <i>101790367</i>	Filing Date
						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						
2	/						
3	/						
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49							
50							
Total Indep	3						
Total Depend	16						
Total Claims	19						